Maine EMS Awards Nomination Form

Nominee's Name:		Phone Number		
Address:				
Nominee's Service Affili	iation (if any):		Years of Service to the EMS Community in Mai	
Nominee's Job Title:				
Nominator's Name:				
Address:				
City:	State:	Zip:	Telephone #:	
Please provide a de	escription of the nom	inee's qualificati	ions (your reason for nominating them)	

Please feel free to enclose a letter describing the nominee's qualifications and attributes in detail. All nominations must be received by the Maine EMS Board Awards Committee no later than March 15, 2010 at:

Maine EMS – Attn: 2010 Awards 152 State House Station, Augusta, ME 04333 E-Mail: maine.ems@maine.gov Fax: 207-287-6251

Maine EMS Awards Nomination Form

Name: Address:	
Address:	
City:	
State: Zip:	
Telephone #:	
	State: Zip:

Please feel free to enclose a letter describing the nominee's qualifications and attributes in detail. All nominations must be received by the Maine EMS Board Awards Committee no later than March 15, 2010 at:

Maine EMS – Attn: 2010 Awards 152 State House Station, Augusta, ME 04333 E-Mail: maine.ems@maine.gov Fax: 207-287-6251